



Please provide the following appointment summary information. Once completed, this form, along with all other appointment paperwork, must be submitted to the Civil Service Commission no later than two (2) business days prior to the effective date of the appointment. Questions regarding this process can be directed to the Commission's **Applicant & Employee Services Unit** at extension 5-8369.

Department:

Division:

SSN: _____ Start Date: _____

Name: _____

Class Code: _____ Class Title: _____

Class Type: Competitive Noncompetitive Unclassified

Appointment Type: Original (O) Noncompetitive (W) Provisional (P)

Promotional (M) Unclassified (U) Temporary (T)

Employment Type: Full-time Part-time / Regular Limited Seasonal

Length of Probationary Period: _____ Probationary Period Ending Date: _____

Probationary Period Hours: _____

Employee has relative?	Yes	No

With my signature below, I am certifying that:

1. I have shown the above named employee the CSC *New Position Overview* PowerPoint presentation:
2. I have discussed and answered all questions regarding residency, appointment, ethics, and the I-9 form.
3. I have verified whether the employee has a relative currently working for the City of Columbus and obtained the appropriate signature on the P-20.
4. I have provided a copy of all appointment-related paperwork to the employee.

HR Staff Member Signature: _____ Date: _____

HR Staff Member Phone #:



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

New Position Overview Packet: Residency Verification Form

Please provide the following information:

Social Security Number: - -

Name: _____

Street Address: _____

(Do Not List P.O. Box)

City: _____

State: _____

Zip Code: _____

County:	<input type="checkbox"/> Delaware	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Franklin	<input type="checkbox"/> Licking
	<input type="checkbox"/> Madison	<input type="checkbox"/> Pickaway	<input type="checkbox"/> Union	<input type="checkbox"/> Other: _____

Classification: _____

Effective Date: _____

This is a:	COMPETITIVE Class	NONCOMPETITIVE Class	UNCLASSIFIED Class
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Since 1956, City employees have been subject to a residency requirement. The current Charter provision states that all employees in the unclassified service or in a competitive class of the classified service must live within Franklin County or one of the counties bordering Franklin County (Delaware, Licking, Fairfield, Pickaway, Madison or Union).

Sections 158-1 and 153 of the City Charter give the Civil Service Commission the responsibility for monitoring and enforcing this requirement. The Commission is prohibited from certifying the pay of employees found to be in violation of this Charter provision.

Your new classification title and type are shown above. If you are currently, or at any time in the future, appointed to a competitive class position or unclassified position, you must maintain your residence within Franklin or a contiguous county in order to continue employment with the City of Columbus. Questions regarding this information can be directed to Commission staff at (614) 645-8369.

With my signature below, I am certifying that the residence information provided above is true and accurate to the best of my knowledge. I am also certifying that the City's residency requirement as defined by the Columbus City Charter, Section 158-1, has been explained to me and I understand that if I am currently or at any time in the future appointed to a competitive class position or unclassified position, I must maintain my residence within Franklin or a contiguous county in order to continue employment with the City of Columbus.

Employee Signature

Date



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

New Position Overview Packet: Appointment Information

Name: _____

Social Security Number: _____

Effective Date: _____

Classification: _____

You have received a(n):

Noncompetitive Appointment (W) to the noncompetitive classification identified above. A person who has been selected by an appointing authority from a noncompetitive certification list, certified in accordance with the provisions of Civil Service Commission Rule IX(E), is said to have received a noncompetitive appointment. **Those persons receiving noncompetitive appointments do not become permanent employees until they have satisfied the applicable probationary period set forth in Civil Service Commission Rule XI.**

Original Appointment (O) to the competitive classification identified above. A person who has been selected by an appointing authority from an open competitive eligible list, certified in accordance with the provisions of Civil Service Commission Rule IX, is said to have received an original appointment. **Those persons receiving original appointments do not become permanent employees until they have satisfied the applicable probationary period set forth in Civil Service Commission Rule XI.**

Probationary Period

You have received a **FULL-TIME** employment type (40 hours per week, 52 weeks per year). The probationary period for your classification is _____ days and will be completed on _____ unless extended by your department in accordance with Civil Service Commission Rule XI(D)(1-2).

You have received a **PART-TIME** employment type (fewer than 40 hours per week OR fewer than 52 weeks per year). The probationary period for your classification is _____ days and will be completed when you have accumulated _____ worked hours in the classification.

All probationary employees are subject to probationary termination for any lawful reason identified by the appointing authority. Probationary terminations are not appealable to the Civil Service Commission.

Promotional Appointment (M) to the competitive classification identified above. A person who has been selected by an appointing authority from a promotional competitive eligible list, certified in accordance with the provisions of Civil Service Commission Rule IX, is said to have received a promotional appointment. **Employees who receive promotional appointments have permanent status without serving a probationary period.**

Unclassified Appointment (U) to the position identified above. A person who has been selected by an appointing authority in accordance with the Columbus City Charter, Section 148(1) is said to have received an unclassified appointment. **Those individuals receiving unclassified appointments serve at the pleasure of their appointing authority and may be terminated from employment at any time.**

Temporary Appointment (T) to the classification identified above. A Temporary appointment, as defined by the Columbus City Charter, Section 149(h) and Civil Service Rule X(E), is an appointment to a City position for (480) or fewer work hours during any consecutive twelve-month period. **Those individuals receiving temporary appointments serve at the pleasure of their appointing authority and may be terminated from employment at any time. Additionally, temporary employees are not eligible for benefits and will not receive credit for time served as a temporary if ever appointed to another city position.**

With my signature below, I am certifying that I have read, understand and have had explained to me the information marked above. I am also certifying that I have been given a copy of the specification for my classification and I understand that any significant difference in duties assigned by my supervisor and those identified on the specification for my classification should be reported to my divisional human resources representative.

Employee Signature
CSC Form A01 - New Position Overview Packet

Date

Issued 01/03/2005



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

***New Position Overview Packet:
Ethics Packet Certification of Receipt***

I, _____, hereby certify that I have received a copy of the relevant state and local ethics laws. I further certify that I have been instructed that it is my responsibility to review and become familiar with the information contained within the document.

Employee Signature:

Date:

Witness:

Date:

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____				
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name Address (Street Name and Number, City, State, Zip Code) City of Columbus, Ohio 90 W. Broad Street, Columbus, OH 43215		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)



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Limited Employment Information

Your appointment to your new position has been designated with a "limited" employment type. This means that your appointment to and continued service in the position is subject to the condition indicated below:

☐ Completion of a specific project, or notice of termination, whichever occurs first;
Project: _____

☐ Completion of a set period of time in which the work is to be completed, or notice of termination, whichever occurs first;
Time Period: _____

☐ Cessation of funding from a source originating outside the City budget, or notice of termination, whichever occurs first;
Funding Source: _____

☐ Cessation of a leave of absence for an employee as a result of their return to the position you are being appointed to, or their attainment of permanent status in their new position, whichever occurs first.
Employee on leave: _____

If you are serving provisionally and an examination opens for filing for your class during your period of limited service, you must apply for and take the examination.

At such time as the limited condition is met, you will be terminated from the position. This will not be regarded as a layoff or disciplinary action and you will not have the associated appeal rights under Commission Rules. In certain cases, you may be eligible for a regular appointment to the position pursuant to Rule X(F)(1). Otherwise, your original position must be filled as a vacancy in accordance with Commission Rules.

If you were appointed from an eligible list that has since expired, you may request reinstatement to the current eligible list in accordance with Rule VIII(C)(1).

Accepting or declining limited employment when certified from an eligible list will not affect your right for certification to a regular position while that eligible list is effective. If you should later receive a permanent regular appointment to this class from the eligible list and your service is continuous, your time already served as a limited employee in the class will count toward completion of your probationary period.

I hereby attest that I have read and received a copy of this document.

Employee Printed Name:	_____	SSN:	_____
Employee Signature:	_____	Date:	_____
Appoint. Authority Signature:	_____	Date:	_____



Columbus Civil Service Commission
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Columbus, Ohio 43215

New Position Overview Packet: Provisional Appointment Information

Name: _____

Social Security Number: _____

Effective Date: _____

Classification: _____

You have received a **Provisional Appointment (P)** to the competitive classification identified above. A person who meets the minimum qualifications and who, in the absence of a competitive eligible list, has been selected by an appointing authority in accordance with Rule VI, pending the establishment of a competitive eligible list for that class, is said to have received a provisional appointment. Provisional employees must take an exam for their classification when offered, score high enough on the test to be certified, and be selected by the appointing authority or they will be removed from their position. In the event of a layoff, provisional employees are laid off before permanent employees in the same classification.

Probationary Period

You have received a **FULL-TIME** employment type (40 hours per week, 52 weeks per year). The probationary period for your classification is _____ days and will be completed on _____ unless extended by your department in accordance with Civil Service Commission Rule XI(D)(1-2).

You have received a **PART-TIME** employment type (fewer than 40 hours per week OR fewer than 52 weeks per year). The probationary period for your classification is _____ days and will be completed when you have accumulated _____ worked hours in the classification.

All probationary employees are subject to probationary termination for any lawful reason identified by the appointing authority. Probationary terminations are not appealable to the Civil Service Commission.

With my signature below, I am certifying that I have read, understand and have had explained to me the information marked above. I am also certifying that I have been given a copy of the specification for my classification and I understand that any significant difference in duties assigned by my supervisor and those identified on the specification for my classification should be reported to my divisional human resources representative.

Employee Signature

Date